FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.

★ FEB 10 2017 ★

LONG ISLAND OFFICE

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK
--X

Bryan McLaren Plaintiff,

-against-

Suffolk county Defendant(s).
--X

APPLICATION FOR THE COURT TO REQUEST COUNSEL

JFB

15 CV 05685 (AKT)

1. Name of applicant Request of counsel

2. Explain why you feel you need a lawyer in this case. (Use additional paper if necessary.)
I need a lawyer to help me proceed. I don't know the civil suit or federal law or language

3. Explain what steps you have taken to find an attorney and with what results. (Use additional paper if necessary.)
I have contact over 4 civil suit lawyers they never got back to me or said they don't want the case

4. If you need a lawyer who speaks in a language other than English, state what language you speak:

5. I understand that if a lawyer volunteers to represent me and my lawyer learns that I can afford to pay for a lawyer, the lawyer may give this information to the Court. I understand that if the Court grants this application in a complaint against the Commissioner of Social Security, the pro bono attorney, if successful, has the statutory right to request that the Court award a fee of up to 25% of the accrued Social Security or Supplemental Security Income Benefits. See 42 U.S.C. § 406.

6. I understand that if my answers on my Request to Proceed *In Forma Pauperis* are false, my case may be dismissed.

7. **I declare under penalty of perjury that the forgoing is true and correct.**

RECEIVED
FEB 14 2017
EDNY PRO SE OFFICE

Dated: 2/2/17

Bryan McLaren
Signature

rev. 7/08

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

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---X

Bryan Mcclurkin

Plaintiff,

-against-

Suffolk County

Defendant(s).

---X

REQUEST TO PROCEED
IN FORMA PAUPERIS
IN SUPPORT OF THE APPLICATION FOR THE COURT TO REQUEST COUNSEL

15 CV 05685 (AKT)

I, Bryan Mcclurkin (print or type your name) am the plaintiff/defendant in the above-entitled case and I hereby request to proceed *in forma pauperis* and without being required to prepay fees or costs or give security. I state that because of my poverty I am unable to pay the costs of said proceeding or give security therefor, and that I believe I am entitled to redress.

1. If you are presently employed, give the name and address of your employer and state the amount of earnings per month.

   NO

2. If you are not presently employed, state the date you were last employed and your earnings per month at that time. **You must answer this question even if you are incarcerated.**

   NO

3. Have you received, within the past twelve months, any money from any source? If so, name the source and the amount of money you received.

   I never recieved money

   a) Are you receiving any public benefits? ☑ No ☐ Yes, $________

   b) Do you receive any income from any other source? ☑ No ☐ Yes, $________

rev. 7/08

4. Do you have any money, including money in a checking or savings account? If so, how much?

no

5. Do you own any apartment, house or building, stocks, bonds, notes, automobiles or other valuable property? If the answer is yes, describe the property and state its approximate value.

☑ No ☐ Yes, $ ______

6. Do you pay for rent or for a mortgage? If so, how much each month?

☑ No ☐ Yes, $ ______

7. List the person(s) that you pay money to support and the amount you pay each month.

______

______

8. State any special circumstances which the Court should consider.

______

______

______

I understand that the Court may dismiss this case if I give a false answer to any question in this declaration.

I understand that if the Court grants this application in a complaint against the Commissioner of Social Security, the pro bono attorney, if successful, has the statutory right to request that the Court award a fee of up to 25% of the accrued Social Security or Supplemental Security Income Benefits. See 42 U.S.C. § 406.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 2/2/17 [signature]

Signature

rev. 7/08

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK
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Bryan McClurkin

Plaintiff,

-against-

AFFIRMATION OF SERVICE

15 CV 05685 (AKT)

Suffolk county Defendant(s).
-- X

I, Bryan McClurkin (print or type your name), **declare under penalty of perjury** that I have served a copy of the attached Application for the Court to Request Counsel upon the defendant(s) or the attorney for defendant(s) Suffolk County Attorney Arlene S. Zwilling

whose address is: PO Box 6100 Hauppauge NY 11788

by MAIL

(describe how you served document: For example - personal delivery, mail, overnight express, etc.)

Dated: 2/2/17

Bryan McClurkin
Signature

110 center drive
Address

Riverhead NY 11901

City, State & Zip Code

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United States District court
Eastern District of New York

Bryan McClorkin
plaintiff pro se,
Against

CV-15-5685 (JFB) (AKT)

Suffolk county Defendants

1. Hon. Judge, Banicca
I plaintiff wish to Amend A Motion I Sent DE 22, 23. As evident's your Honor

2. I plaintiff Also wish to Ask for A Request of counsel bein I don't know the Federal law in language.

3. I Also tried to contact 4 different civil Attorney's but I never got A Response or they Aint want the case.

Sincerely
Bryan McClorkin
466275
CV-15-5685 (JFB) (AKT)

SUFFOLK COUNTY CORRECTIONAL FACILITY
110 CENTER DRIVE
RIVERHEAD, NY 11901
NAME: Bryan McClurkin

FOREVER
USA

Hon. Josph F. Bianco
Eastern District of N.Y
100 Federal Plaza
Central Islip NY 11722

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